MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/927,436   FILING DATE

APPLICANT(S)

6/28/04   *20   CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			—			51						
2		/		—			52						
3		/	/				53						
4		/	/				54						
5		/		—			55						
6		/		—			56						
7		/		—			57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16	/		/		/		66						
17		/		/		/	67						
18		/		/		/	68						
19	/		/		/		69						
20		/		/		/	70						
21	/						71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27	/						77						
28		/					78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39				2		2	89						
40				2		2	90						
41				2		2	91						
42				2		2	92						
43				2		2	93						
44				2		2	94						
45				2		2	95						
46				2		2	96						
47				2		2	97						
48				2		2	98						
49						2	99						
50							100						
TOTAL IND.	5		2		2		TOTAL IND.						
TOTAL DEP.	33		23		25		TOTAL DEP.						
TOTAL CLAIMS	38		25		27		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)